

PUBLIC VOUCHER FOR PURCHASES, ID
Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040199-3
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. _____

U. S. _____ COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY

Encl # 12

DDP-1226-59

COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$10,986.	15
Use continuation sheet(s) if necessary							
Shipped from _____ to _____ Weight _____ Government B/L No. _____				Total		\$10,986.	15

PAYMENT:
Complete ☐
Partial ☐
Final ☐

I certify that the above bill is correct and just and that payment has not been received.

STATINTL (Sign original only)

Date 2-3-59 *Payee _____
Per _____ Title _____
Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____ (Authorized Certifying Officer)

By _____ SIGN ORIGINAL ONLY Title _____
Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of
Cash, \$ _____, on _____, 19____ Payee _____ (payee named above.)
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, and the name of the person signing, must be written in full. Example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

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STATOTHR

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DATE 1/24/59

WEEKLY DISTR

ACCOUNTS PAYABLE

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

BATCH			INVOICE		PURCHASE		CHECK		PAYMENT DATE		Vendor		GROSS AMOUNT		DISCOUNT		Tax Class		Element		F.R. CODE		COST CENTER		Account		M.J.O.		S.O.		Work Order		NET AMOUNT	
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER		Mo.	Day	Number													Mei.	Lat.	Sub.									
74	01	23	59	8286	1947			01	30	268								1	500	500		00	00	00	12501	3032	60						6120	
76	01	23	59	2307	2763			02	10	171								1	500	500		00	00	00	12501	3032	60						25500	
79	01	22	59	4461	2215			10	20	374								1	500	500		00	00	00	12501	3032	60						140	
44	01	20	59	2164	2712			02	26	331								1	500	500		00	00	00	12501	3032	60						10500	
50	01	20	59	6720	4106			01	22	313								1	500	500		00	00	00	12501	3032	60						38222	
60	01	20	59	6522	2218			01	30	233								1	500	500		00	00	00	12501	3032	60						5550	
72	01	23	59	6583	2034			01	30	622								1	500	500		00	00	00	12501	3032	60						12900	
72	01	23	59	663	2046			01	30	62								1	500	500		00	00	00	12501	3032	60						11164	
																																		53198
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ACCOUNTS PAYABLE

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 560

WILLIAM F. KAYE

CHARGE DISTRIBUTION

COGE CRAFTED

[illegible][illegible]

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1

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DATE	DESCRIPTION	AMOUNT	BATCH
12/1/20
12/2/20
12/3/20
12/4/20
12/5/20
12/6/20
12/7/20
12/8/20
12/9/20
12/10/20
12/11/20
12/12/20
12/13/20
12/14/20
12/15/20
12/16/20
12/17/20
12/18/20
12/19/20
12/20/20
12/21/20
12/22/20
12/23/20
12/24/20
12/25/20
12/26/20
12/27/20
12/28/20
12/29/20
12/30/20
12/31/20

10

DISCUSSION

CHECK

PAYMENT	
DATE	

Vendor

GROSS

EXHIBIT

COPIES CENTER

150

DE

DE

COPIES CENTER

Abstract

Figure 1

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SECRET

1

1

NET AMOUNT

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DATE 1/24/59

WEEKLY DISTR

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

No.	BATCH		INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Element	CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT
	Mo.	Day	Yr.			Mo.	Day						Maj.	Int.	Sub.	Account	M.J.O.	S.O.	
49	01	20	59	935930	45158	01	29	264			1	500	25	00	00	12501	3093	25	720
71	01	23	59	935932	45158	01	29	264			1	500	25	00	00	12501	3093	25	640
71	01	23	59	942336	45158	01	29	264			1	500	25	00	00	12501	3093	25	80
71	01	23	59	944335	45158	01	29	264			1	500	25	00	00	12501	3093	25	480
71	01	23	59	101676	45158	01	29	264			1	500	25	00	00	12501	3093	25	360
71	01	23	59	DR00354	45158	01	29	264			1	500	25	00	00	12501	3093	25	120
71	01	23	59	DR00357	45158	01	29	264			1	500	25	00	00	12501	3093	25	600
																			2040
																			2040**

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WEEKLY DISTR

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 560

FORM STL - 660													CHARGE DISTRIBUTION										NET AMOUNT
BATCH			INVOICE		PURCHASE	CHECK	PAYMENT		Vender	GROSS	DISCOUNT	F.D.R.	COST CENTER			Account			M.I.O.	S.O.	Work Order		
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	AMOUNT		Element	Mej.	Int.	Sub.								
99	01	20	99	87978	304		12	58	136			1	58	25	00	00	12501	3093	65		4500		
53	01	20	99	80200	4110		01	21	3			1	50	25	00	00	12501	3093	65		12750		
54	01	20	99	3014	2780		02	09	174			1	50	25	00	00	12501	3093	65		9500		
54	01	20	99	5667	42814		02	06	1611			1	50	25	00	00	12501	3093	65		19162		
57	01	20	99	574259	55		01	22	90			1	50	25	00	00	12501	3093	65		3904		
57	01	20	99	592859			01	22	90			1	50	25	00	00	12501	3093	65		12456		
																					62272		
																					62272		
																					67312		

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1124159

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3	3	3	3
0	0	0	0
2	2	2	2
0	0	0	0

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